

Greater Baltimore Medical Center

**Job Description and Performance Management Form**

Job Title: HOSPICE RN
 FLSA Status: Non-Exempt
 Department: Hospice
 Job Code: RNHOSPICE
 Pay Grade: 410
 Vacation Plan: B

Employee Name:
 Employee No:
 Department No:
 Supervisor Name:
 Review Period:

I. JOB DESCRIPTION SUMMARY:

Identifies patient/family care needs, and provides nursing and supportive care for the terminally ill patient and their families.

Education	Diploma, ADN and/or BSN from an accredited institution.	
Experience	Two years of nursing experience, or equivalent combination of education and experience.	
Skills	<ul style="list-style-type: none"> • Knowledgeable of universal precautions for infection control and employs safe practices for self protection • Strong time management skills • Excellent interpersonal and communication skills • Ability to be patient and family focused • Skill in the use of EMR (Electronic Medical Record) and/or ability to learn 	
Licensures, Certifications	<ul style="list-style-type: none"> • Current MD nursing license. 	
Physical Requirements	<ul style="list-style-type: none"> • Job entails some standing, sitting, stooping, bending, walking. Ability to stand and walk almost constantly up to ninety 90% of work time and lifting and positioning patients up to fifty 50% of work time. • Ability to concentrate and pay close attention to detail and often in stressful situations. 	
Working Conditions	<ul style="list-style-type: none"> • Normal patient care environment with possible exposure to excessive noise, dust, temperature. • Exposed to adverse working conditions due to performance of patient care activities and exposure to communicable diseases 	
Conditions of Employment	<ul style="list-style-type: none"> • Maintain current nursing license 	
Standard Precautions	Standard precaution policy and procedures are applicable to this job <input type="checkbox"/>	
Patient Safety	Employee has knowledge and understanding of patient safety as it relates to the job duties <input type="checkbox"/> N/A <input type="checkbox"/>	
Patient Population	Demonstrates competency in the delivery of care and applies the knowledge to meet age-specific needs <input type="checkbox"/> Not applicable <input type="checkbox"/> Neonate / Infant <input type="checkbox"/> Pediatric <input type="checkbox"/> Adolescent <input type="checkbox"/> Adult <input type="checkbox"/> Geriatric <input type="checkbox"/>	
Contacts		
Reports to	Reports to Team Manager	
Supervises		

Job duties listed in this document are intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities, or requirements.

II. GBMC Values

GBMC Values	Value Description	Method of Verifying Performance Check all that apply	Mid Year Review	Annual Rating
Respect	<ul style="list-style-type: none"> Treats others with fairness, kindness, and respect for personal dignity and privacy Listens and responds appropriately to others' needs, feelings, and capabilities 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Excellence	<ul style="list-style-type: none"> Meets and/or exceeds customer expectations Actively pursues learning and self development Pays attention to detail; follows through 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Accountability	<ul style="list-style-type: none"> Sets a positive, professional example for others Takes ownership of problems and does what is needed to solve them Appropriately plans and utilizes required resources for various job duties Reports to work regularly and on time 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Teamwork	<ul style="list-style-type: none"> Works cooperatively and collaboratively with others for the success of the team Addresses and resolves conflict in a positive way Seeks out the ideas of others to reach the best solutions Acknowledges and celebrates the contribution of others 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Ethical Behavior	<ul style="list-style-type: none"> Demonstrates honesty, integrity and good judgment Respects the cultural, psychosocial, and spiritual needs of patients/families/coworkers 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Results	<ul style="list-style-type: none"> Embraces change and improvement in the work environment Continuously seeks to improve the quality of products/services Displays flexibility in dealing with new situations or obstacles Achieves results on time by focusing on priorities and manages time efficiently 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

III. Technical Assessment

Principal Duties and Responsibilities	Method of Verifying Performance Check all that apply	Mid Year Review	Annual Rating
<ul style="list-style-type: none"> Provides quality nursing care to patients with life-limiting illness to maintain highest level of care for the patient in conjunction with the primary physician by initiating and maintaining the nursing process. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

Rating Definitions: U= Unacceptable B= Below M= Meets E= Exceeds FE= Far Exceeds

Principal Duties and Responsibilities	Method of Verifying Performance Check all that apply	Mid Year Review	Annual Rating
<ul style="list-style-type: none"> Participates as a member of the interdisciplinary team to develop and implement a patient directed individualized plan of care. Consults with attending physician when necessary. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Evaluates patient/family response to intervention and modifies care plan appropriately. Provides patient and family education to achieve skills necessary to maintain quality care, promote patient/family independence and to facilitate the patient living fully until death. Teach patient/family infection control protocols. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Documents on appropriate chart and forms in an accurate and timely manner to provide a written record of inpatient course. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Participates in Quality Improvement Program to maintain or improve the quality of patient care. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Provides direction and supervision to Patient Care Partners, Unit Receptionists and volunteers to maintain environment. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Accurately completes daily acuity assessment for assigned patient. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Attends to patient and family at the time of patient's death. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

IV. Goals for Review Period: (As Needed)	Method of Verifying Performance Check all that apply	Target Completion Date (Mid Year or Annual)	Rating
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Rating Definitions: U= Unacceptable B= Below M= Meets E= Exceeds FE= Far Exceeds

	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys		
	<input type="checkbox"/> Feedback <input type="checkbox"/> Records		
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys		
	<input type="checkbox"/> Feedback <input type="checkbox"/> Records		
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys		
	<input type="checkbox"/> Feedback <input type="checkbox"/> Records		

V. Mid-Year Review of Performance

☐ Values reviewed on ____/____/____ ☐ Technical Responsibilities/Goals reviewed on ____/____/____

Overall Mid-Year Rating: ☐ Satisfactory ☐ Unsatisfactory (Performance Improvement Plan Required)

Comments:

Rating Definitions: **U= Unacceptable** **B= Below** **M= Meets** **E= Exceeds** **FE= Far Exceeds**

VI. Comments

Supervisor Comments: Consider employee's strengths, areas needing attention or development, career goals, etc

Employee Comments: Consider your strength, areas needing attention or development, accomplishments, and career goals

The following signatures acknowledge that the supervisor and employee have met to discuss the employee's performance during each phase of the performance review cycle as indicated below.

Mid Year Phase

Supervisor _____ Date _____ Employee _____ Date _____

Annual Phase

Supervisor _____ Date _____ Employee _____ Date _____

VII. Performance Review Summary:

OVERALL PERFORMANCE RATING

VIII. Annual Competency Completion:

Has met all annual competency requirements ☐ (Do not submit documentation)

Please use the space below for comments. All ratings except for "Meets" require justification (i.e. comments or documentation)

*For annual review, please attach any additional comments and documentation. Forward the original performance evaluation and all attached documents to Human Resources.

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